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ABSTRACT

This booklet was written for educators and child care personnel who are uncertain about their roles in reporting suspected cases of child abuse and neglect. The guidelines contained in this document are intended to promote: (1) the development of school policies on child abuse and neglect; (2) the raising of awareness about the problem; (3) the raising of awareness about child abuse and neglect laws and procedures; (4) the establishment of cooperative intervention strategies involving appropriate community resources; and (5) the development of procedures in dealing with suspected cases of child abuse or neglect. The role of teachers in dealing with suspected cases of child abuse or neglect is outlined. The diagnosis of physical neglect, physical abuse, sexual abuse, and emotional abuse or neglect is discussed. Charts listing physical and behavioral indicators of each of these abuse categories are included. Procedures for reporting suspected cases are explained, a chart of a community agency locator is provided, and a checklist for reporting and a suggested report form are included. (NB)

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CHILD ABUSE AND NEGLECT
GUIDELINES FOR SCHOOL PERSONNEL

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Available research indicates that educators and child care personnel are reluctant to report suspected cases of child abuse or neglect for a variety of reasons. First, they are not sure what constitutes abuse or neglect. Second, they do not possess the diagnostic skills to identify abuse or neglect. Third, they do not know exactly how to make a report or to whom that report should be directed. Fourth, they lack confidence that a report will be acted upon. Finally, they are reluctant to get involved for fear of legal prosecution or for damage to career prospects.

The guidelines contained in this booklet are intended to promote achievement of the following objectives:

1. The development of school policies on child abuse or neglect.
2. The raising of awareness about the phenomenon of child abuse or neglect, in general.
3. The raising of awareness about laws and procedures concerning child abuse or neglect.
4. The establishment of cooperative intervention strategies involving appropriate community resources.
5. The development of procedures in dealing with suspected cases of child abuse or neglect.

Throughout this booklet the terms "teachers", "teaching personnel", "schools" and "school setting" are used as general terms to include all school personnel whether they be pre-school, primary school or high school based, as well as personnel employed in kindergartens and child care facilities.

Teachers have a vital role to play in the diagnosis of, intervention in and prevention of cases of child abuse or neglect.

- It is within the school setting that the most regular contact between children and professionals occurs. This contact occurs on a daily basis for some forty weeks of the year.
- In contrast to other caring professionals concerned with children the regular contact is legally sanctioned.
- The teacher-child relationship represents the immediate point of contact between the child and the school. It is often within the context of this relationship that problems initially become manifest.
- It is at the kindergarten, pre-school or classroom level that the earliest decisions concerning problems can be undertaken.
- The teacher can offer an avenue of assistance — possibly the only avenue outside the home setting — to the child "at risk" or "in trouble".
- The school can work constructively with other caring professionals to implement, complement or supplement programs designed to assist children.
- The school can incorporate curricular materials designed to help adolescents to become more adequate parents or that explore aspects of personal safety.
- The school is responsible for the welfare and well-being of the children in its care.

It is evident however that schools or teaching personnel may be reluctant to become involved in suspected cases for a variety of reasons.

- The common-sense notion that child abuse is restricted to the abuse of very young children, largely precludes consideration of the phenomenon, for example, at the upper primary school or high school levels.
- Few upper primary or high school teachers are willing or prepared to concede that child abuse is a phenomenon which should concern them either directly or indirectly, in the course of their work.
- The extent to which teachers consider the existence of the phenomenon may well be determined by the socio-economic composition of the school's immediate community.
- Teachers may discount the possibility of child abuse occurring on the basis that "such things like that would never happen to children in this school".
- Teachers may find it difficult, if not impossible, to accept the very existence of acts of child abuse or neglect, on the basis that the teacher finds himself or herself unable to accept that such acts "can be perpetrated by human beings". For example, the sexual abuse or exploitation of adolescents may be regarded with such abhorrence or incredulity, on the part of a teacher, that the existence of such behaviour is denied.

- Teachers may unwittingly be contributing to abuse, within the school situation. For example, the following have been identified as the major features of an abusing environment:

  (1) indifference to child's basic needs and to the child's affectional needs;

  (2) constant demands for advanced performance and critical, hostile reactions to failure (in including unrealistic expectations);

  (3) cruel punishments (not all of which involve physical pain);

  (4) unpredictable and chaotic environment;

  (5) sexual abuse or exploitation;

  (6) physical ill-treatment.

- Prior experiences may mitigate against continued reporting or willingness to be involved.

- Fear of becoming involved at all, for a variety of reasons, not least, the anger of parents.

In general terms, abused or neglected children may:

- have a poor self-image, often feeling that they do not matter or that there is something wrong with them;

- need a large amount of individualised attention;

- need to express anger and frustration;

- need to have met unattended educational or medical needs;

- need to succeed; to be able to do something in the right way and have that acknowledged positively;

- need to know that they have rights too; many children remain unaware that in certain circumstances it is acceptable to say "no" to an adult;

- be developmentally out of phase in terms of emotional, physical, social or sexual development.

Some of the above needs can be met by school personnel, or the appropriate information utilised to the advantage of the child. Some of the above needs can be met immediately and the types of assistance possible are obvious.

The average teacher may not have the time to offer assistance to the individual or want to single out an individual student. It is possible, however, to help the abused or neglected child within the classroom with resulting benefit to the whole class. Such help or assistance may be immediate or more long-term. In the short-term, the individual classroom teacher can:

- offer reassurance to the child, both in terms of believing the child and in terms of blame and guilt, i.e. that whatever has occurred is not the fault of the child and that he or she must not accept responsibility for what has occurred;

- express belief in the child;

- offer comfort that such incidents are not isolated to the individual;

- determine immediate needs in terms of safety and protection;
- offer information about available avenues of assistance.

In the long-term, the individual classroom teacher can:

- provide continuing support and reassurance;
- provide classroom environment that promote the importance of positive self-image;
- stimulate classroom activities that provide opportunities for self-analysis and open discussion;
- be involved in the development and presentation of curricular materials in the area of personal safety;
- act as the liaison officer between the abused or neglected child and other agencies of assistance.

Any such assistance on the part of teachers can accomplish several purposes:

1. It enhances generally self-images and feelings of worth.
2. It enables classmates to better understand the abused or neglected child.
3. It stimulates other reports and educates children in areas relating to abuse and neglect.

Within the classroom, activities that focus upon an analysis of self, but which emphasise the potential rather than the limitations of self can be useful tools to promote the development of more positive self-images. In particular, the positive, supportive attitudes within the classroom can go some way toward redressing negative attitudes at home. The fact that an adult, especially an authority figure, is able to see that the child can be successful may be the first step toward increased trust on the part of the child, which may in turn begin to move the child in the direction of an improved self-image.

Certainly, this is more difficult to achieve in high school settings, but some subjects do lend themselves more readily to self-exploration and self-enhancement, e.g. discussion of wider social issues; health or family life courses; personal safety programs. The development of techniques of bibliotherapy can be usefully utilised.

Peer support groups are another vehicle with which to help adolescents with self-image issues. Children often find it difficult to understand why a particular child disrupts a classroom or antagonises peers. Even more incomprehensible to the more outgoing child is the quiet withdrawn student who seems removed from the classroom environment. The ways in which the victim of abuse or neglect chooses to deal with peers may greatly influence peer responses and, in turn, behavioural patterns within the class.

If a child or adolescent tells a teacher something that is indicative of abuse or neglect, the teacher should listen. Regardless of how uncomfortable the teacher may be in this role, children need to be reassured that someone cares.

School personnel are ideally placed to play a role in the diagnosis of child abuse or neglect. The following pages are designed to offer a series of indicators, both physical and behavioural of the various types of abuse or neglect. The lists of indicators are comprehensive but not necessarily exhaustive. In this context, a note of caution must be sounded.

As with most social phenomena stereotypical images can and do develop. This, in turn, may lead to the exclusion of certain individuals in diagnostic considerations. For example, not every child who has experienced sexual abuse will exhibit signs of delinquency or run away from home. Similarly, not every child who is defined as being delinquent or has run away from home has been sexually abused.

In the school setting it may be the quiet achiever who is in need of help or assistance. The high-achieving student who bursts into tears for no apparent reason may well be the student who is being abused. The conscientious student from the ostensibly "good" home background who has difficulty talking to adults actively may be concealing problems.

The diagnosis of suspected child abuse or neglect should be only one part of an overall pastoral care system in operation within the school, involving a high degree of mutual trust and respect between teachers and students. Teachers must remain open and approachable at all times.

A. PHYSICAL NEGLECT

Physical neglect is essentially the failure of a parent or caretaker to provide a child with adequate food, shelter, clothing, protection, supervision, and medical and dental care.

More and more children are being treated for poisoning from ordinary household drugs and household items, prescription drugs and alcoholic beverages, being irresponsibly left within their reach.

Failure to Thrive (FTT) is defined as an infant or young child whose height and weight measurements are well below the accepted average for age or who is continually losing weights. FTT as a result of neglect or deprivation, should be considered first and treated by normal feeding but other factors, i.e. premature birth, disease, malformations may also be a cause. A ravenous appetite and subsequent weight gain in the hospital may be diagnostic.

Failure to thrive is not necessarily due to physical factors such as the lack of food or proper care, but can also be a direct result of emotional deprivation, rejection or lack of normal stimulation. Diagnosis is difficult and complicated and, if untreated, the results can be as serious as permanent brain damage or death.

Physical neglect is "suspected" if the following conditions exist:

- Unsanitary and inadequate living conditions in horne (garbage, evidence of animal or human excretion, lack of plumbing, etc.).
- Unsafe home conditions.
- Sleeping arrangements cold or dirty or otherwise inadequate.
- Nutritional quality of food in home is poor.
- Regular meals not prepared.
- Spoiled food in refrigerator or cupboards.
- Child lacking in medical or dental care.
- Child always chronically dirty; poor skin hygiene.
- Child always sleepy or hungry.
- Clothing always dirty or inadequate for weather.
- Child left alone in home or unsupervised under any circumstances (left in car, street, etc.) for any period of time in which injuries occur or when the child's health or person is endangered.

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
Consistent hunger, poor hygiene, inappropriate dress	Begging, stealing food
Consistent lack of supervison, especially in dangerous activities or long periods	Extended stays at school (early arrival and late departure)
Unattended physical problems or medical needs	Constant fatigue, listlessness or falling asleep in class
Abandonment	Alcohol or drug abuse
Failure to Thrive	Deliquency (e.g. thefts)
	States there is no caretaker

To notify a case of suspected abuse, contact either the Juvenile Aid Bureau (Child Abuse Unit) or the Department of Children's Services in your area. This notification should occur as soon as possible after suspicion of abuse. When the notification is made the following information should be given to the duty officer:

- name, date of birth and address of the child
- reasons for the suspicion
- any available information about the family, e.g. parents' and siblings' names
- names of other agencies known to be involved with the family
- whether the family has been advised that notification has been made
- an assessment of the immediate action required, e.g. medical examination and/or treatment.

If notifying in the metropolitan area during "out of office" hours or on weekends you may contact Juvenile Aid Bureau (Child Abuse Unit) 226 6637 or Crisis Care 224 6855.

In country areas contact an officer of the nearest Department of Children's Services Officer or Juvenile Aid Bureau.

S.C.A.N. (Suspected Child Abuse and Neglect) Teams are located in the following centres:

MAJOR CENTRES

Brisbane	Rockhampton	Nambour
Townsville	Gladstone	Toowoomba
Cairns	Bundaberg	Ipswich
Mackay	Maryborough	Redcliffe
Mount Isa	Gympie	Southport

REGIONAL CENTRES

Thursday Island	Bowen	Roma
Atherton	Emerald	Charleville
Innisfail	Longreach	St George
Ingham	Kingaroy	Goondiwindi
Charters Towers	Dalby	Stanthorpe
Ayr	Chinchilla	Warwick

A. PROCEDURE FOR REPORTING

Three kinds of knowledge are needed in advance if reporting is to be effective.

1. Knowledge of reporting laws. The laws relating to the mandatory reporting of suspected cases of abuse or neglect vary from state to state within Australia.

   In Queensland, at present, there is no legal provision that mandates teaching personnel or care-givers for the compulsory reporting of suspected cases of abuse or neglect. The welfare and well-being of the children in their care is the primary responsibility of all teachers.

   There are, however, changes that may occur in the foreseeable future. Section 105 of the Family and Community Development Bill seeks to extend those classes of persons mandated for reporting to include teaching personnel.

   Meanwhile, if a teacher or other care-giver feels that he or she needs to report a suspected case of child abuse or neglect and does not feel that current channels available for reporting will prove to be effective, then that person can report directly to Crisis Care ([07] 224 6855). It is possible to make such a report anonymously.

2. Knowledge of the school reporting policy or procedure. Individual schools will have individual policies.

   Apart from establishing lines of communication within the school it may be useful to produce a Report Form that is readily available to all school personnel. An example of a School Report Form is given on Page 13. A Report Form has the additional value of assisting observers in the collection of information — see the Checklist for Reporting on Page 12 of this booklet.

It is essential that procedures are established within individual schools and that ***all*** personnel are aware of the procedures.

3. Knowledge of or a relationship with other caring agencies. The school represents a vital agency in the caring community within which the school is located.

   The caring community can be defined as the network of social agencies, voluntary as well as government, established to offer assistance and protection to children and their families defined as being at risk or in trouble, in any given community. Agencies in Queensland include Community Health and Welfare, the Juvenile Aid Bureau (Police), Children's Services, Church groups (such as Centre Care and Sunnybank Family Care and Support) and many others.

   Clearly defined lines of communication within schools will assist in the establishment of clearly defined lines of communication between schools and other agencies. The danger can arise, in situations in which lines of communication are not clearly defined, that "everybody's business becomes nobody's business".

   Teachers have access to a great deal of information about their students. Without breaching notions of confidentiality, it is important that the information is utilised effectively when it is required.

   S.C.A.N. (Suspected Child Abuse and Neglect) Teams in Queensland, are interdisciplinary teams consisting of a medical practitioner, a Children's Services Child Care Officer and a policeman or policewoman who rely upon open communication in their efforts to provide concerted assistance for children and families at risk.

The following community agency locator may assist in raising awareness of and establishing contacts with the local caring community.

Name: .....
Address: .....
.....
.....
Phone: .....

Name: .....
Address: .....
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Phone: .....

Name: .....
Address: .....
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Phone: .....

Name: .....
Address: .....
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Phone: .....

Voluntary Organisations
(Including Church-Based Groups)

Other Schools
(Including Regional Guidance Officers)

Name: .....
Address: .....
.....
.....
Phone: .....

Children's Services

KINDERGARTEN
CHILD CARE FACILITY
PRE-SCHOOL
SCHOOL

Probation and Parole

Name: .....
Address: .....
.....
.....
Phone: .....

Health Department
(Including Baby Clinics, School Health, Youth Welfare and Guidance, Community Health Centres)

Police Department
(Including J.A.B., Magistrates Courts)

Name: .....
Address: .....
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C. CHECKLIST FOR REPORTING

1. Document data; write down all available information:
   - address
   - age and sex of child
   - type and extent of child's injuries or observable symptoms
   - evidence or prior injuries or symptoms
   - explanations offered for injuries or symptoms
   - name, address and contact telephone number of reporter
   - actions taken by reporter
   - any other pertinent information.
2. Analyse the data in terms of personal suspicions or feelings.
3. Observe wherever possible parent-child interaction.
4. Consult with other professionals within or outside the school.
5. Ensure that you have the required information to make a report.
6. Be aware of avenues available for reporting both within and outside the school.
7. Be aware of available support structures.
8. Do not be afraid to seek out support.

COMMUNICATION is the key to COOPERATION
and COORDINATION

CONFIDENTIAL *CONFIDENTIAL*

(Name of School or Centre) Report Form of Suspected Abuse or Neglect

Date Reported: ...../...../.....

Send to:

Child Protection Unit
Department of Children's Services
Telephone: 52 9088

Copies to:

Regional Education Office

Child's Name: .....

Sex: ..... **Birthdate:** ...../...../.....

Address: .....

.....

(Tear Off)

1. Reasons for referral (including brief description of child's condition):

2. Description of previous occurrences:

3. Person alleged to have abused child (for example, babysitter, peer, sibling, parent, step-parent, other):

4. School performance (including relevant history, pertinent health information):

.....
Signature and Position of Reporter

The Report Form suggested overleaf is merely a guide. However, teachers should:

1. Record suspicions.
2. Consult with others.
3. Report suspicions to appropriate authorities.

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B. PHYSICAL ABUSE

The most common cause of inflicted physical injury is overpunishment which occurs when corporal punishment is unreasonably severe. This usually happens when the parent is extremely agitated or angry, and either throws or strikes the child too hard, or continues to beat the child. Other forms of punishment may place a child in a situation where injury occurs or the child's health or person is endangered. It usually occurs where discipline is not controlled by love or concern for the child.

Intentional, deliberate abuse such as burning, biting, cutting, poking, or the twisting of limbs of a child is also included in this category of child abuse.

The combination of physical punishment and rage can be deadly. In addition, many agree that it is not effective as a discipline technique. While it may deter a child from future negative behaviour, the use of excessive corporal punishment also teaches a child to resolve conflicts violently — to use physical power rather than reason to obtain results or to express anger. Physical punishment is more effective for relieving the parent of tension than for disciplining the child. Frequently, it leaves the parent with feelings of guilt and remorse, as well.

While there are many who feel that all corporal punishment is abusive, there are many others who feel it useful under ***restrained*** conditions as a method of discipline. Discipline and punishment are not the same. Parents and children need to establish mutual respect and rules of behaviour. Among some techniques suggested for maintaining good discipline are the giving of choices, suggesting substitutes, giving face-saving commands, removing tempting objects, setting up rituals and cooperative activities, being sensitive to a child's needs and values, and keeping a sense of fair play.

The situation in schools is much the same. Already, in many parts of the world the use of corporal punishment in schools is prohibited. Clearly, corporal punishment is an inappropriate strategy for children who may be physically abused outside of school. Similarly, suspension and expulsion — rejection of the child — may, in effect, be the worst possible action on the part of the school. Alternative discipline strategies that are effective can be utilised in schools.

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
Unexplained bruises and welts: • on face, lips, mouth • on torso, back, buttocks, thights • in various stages of healing • clustered, forming regular patterns • reflecting shape of article used to inflict (electric cord, belt buckle) • on several different surface areas • regularly appear after absence, weekend or vacation. Unexplained burns: • cigar, cigarette burns, especially on soles, palms, back or buttocks • immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) • patterned like electric burner, iron, etc. • rope burns on arms, legs, neck or torso. Unexplained fractures: • to skull, nose, facial structure • in various stages of healing • multiple or spiral fractures. Unexplained lacerations or abrasions: • to mouth, lips, gums, eyes • to external genitalia. Serious failure to thrive in the absence of any recognised disorder.	Wary of adult contacts. Apprehensive when other children cry. Behaviour extremes: • aggressiveness, or • withdrawal. Frightened of parents. Afraid to go home. Reports injury by parents. Regular "shopping around" with a child to different hospitals, surgeries, clinics or even schools, so that previous injuries can remain undetected. Differing explanations concerning accidents or injuries. Excessive or inappropriate dress habits, with reluctance to remove clothing, for example, for sporting activities.

C. SEXUAL ABUSE

Recent conservative estimates from the U.S.A. indicate that child sexual abuse affects at least one in three to four girls, as much as one-third of the time five-years-old or younger; affects at least one in seven to ten boys; is most often perpetrated by someone known and trusted by the victim (90 per cent of the time); lasts an average of four years; ***if unreported and unresolved, can result in life-long trauma that may include chemical dependency, depression, suicide attempts and prostitution.***

Sexual abuse of children is the most hidden, least publicised form of child abuse, yet because of its taboo nature and the difficulty of observation, some researchers feel that it may be even more common than physical abuse. Of growing concern is the phenomenon of sexual exploitation, particularly of adolescents. Girls are the most frequent victims of sexual abuse; boys appear to be involved to a lesser degree.

Typically, intra-familial cases of abuse, the assault is non-violent. In most reported cases, the father or man acting as parent is the initiator of sexual abuse. The mother may or may not actively collude in the abuse. Whatever the case, often the child is trapped in secrecy by the threats of the father and by their own shame, fear or guilt.

It should be obvious that incestuous (or intra-familial) assault is an exploitation of the availability and trusting obedience of a child who looks to the parent or guardian for love, security and guidance. While it is often deceptively non-violent, it is more powerfully compelling and more totally disabling than any strongarm attack from a stranger.

Sexual abuse should be suspected if:

- the child reports sexual activities with parents
- the child shows an early and exaggerated awareness of sex, with either seductive interest or fearful avoidance in close contact with others
- there is tearing, bruising, or specific inflamation of the mouth, anus or genitals, or evidence of semen (oral, rectal, vaginal)
- there is venereal disease of the eyes, mouth, anus or genitals of a child under fifteen
- a girl is pregnant and very evasive in naming her partner
- a child with behaviour problems hints at conflicts at home, but seems very fearful of talking about one of the parents; and/or
- a child is known to be the victim of other forms of abuse by parent(s)
- a child continually running away from home.

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
Difficulty in walking or sitting	Unwilling to change for gym or participate in physical education class
Torn, stained or bloody under-clothing	Withdrawal, fantasy or infantile behaviour
Plain or itching in genital area	Bizarre, sophisticated, or unusual sexual behaviour or knowledge
Bruises or bleeding in external genitalia, vaginal or anal areas	Poor peer relationships
Venereal disease especially in pre-teens	Delinquent or run away
Pregnancy	Reports sexual assault by caretaker.

D. EMOTIONAL ABUSE, DEPRIVATION AND NEGLECT

Just as physical injuries can scar and incapacitate a child, emotional cruelty can similarly cripple and handicap a child emotionally, behaviourally and intellectually. Severe psychological disorders have been traced to excessively distorted parental attitudes. Less serious emotional and behavioural problems are very common among children whose parents abuse them emotionaliy.

Excessive verbal abuse (belittling, sarcasm, blaming), unpredictable responses (inconsistency), continual negative moods, constant criticism, hostile reactions to failure and unrealistic expectations are examples of ways in which parents may subject their children to emotional abuse. All of these examples of emotional abuse can and do occur in schools or may be exacerbated by the school situation.

- Child is very withdrawn, depressed and apathetic.
- Child "acts out", and is considered a "behaviour problem".
- Child is overly rigid in conforming to instructions of teachers, doctors, and other adults.
- Child displays other signs of emotional turmoil (repetitive, rhythmic movements; inordinate attention to details; no verbal or physical communication with others).
- Child unwittingly makes comments about his own behaviour, such as, "Daddy always tells me I'm bad . . .", "I deserve to be hit because I'm bad" or "Naughty kids should always get beltings".

Emotional distress may result when:

- Parents make demands on child based on unreasonable or impossible grounds.
- Parents use child as their "battleground" for marital conflicts.
- Parents use child to satisfy their own ego needs, and child is not mature enough or old enough to understand.

It must be indicated that unrealistic expectations and hostile, critical reactions to failure are possible aspects of schooling which may add to the distress of the child.

Emotional abuse has been characterised as a self-fulfilling prophecy. It is the self-concept of the child which is of critical importance in these situations.

Emotional abuse cases are extremely difficult to prove, and accumulative evidence by concerned people such as: family members, relations, neighbours, school teachers, doctors, police, Social Workers, community Health Sisters etc. is essential. Such cases are usually referred to treatment as soon as possible.

Similarly, emotional neglect, like emotional abuse, is one of the most difficult types of abuse to detect and is perhaps the most tragic. It is the opinion of many experts that while physical abuse may produce "violent criminals", emotional abuse and neglect has also been correlated with "delinquent" behaviour in adolescents and criminal behaviour in adults. Emotional deprivation and neglect should be "suspected" if the following examples are observed:

- Child refuses to eat or eats little, and is very frail.
- Child is not thriving in general (unable to perform normal learned functions for a given age, i.e. walking, talking, etc.).
- Child displays anti-social behaviour (aggression, disruption), or obvious "delinquent" behaviour (drug abuse, vandalism); conversely, the child may be abnormally unresponsive, sad or withdrawn.
- Child constantly "seeks out" and "pesters" other adults (such as teachers, neighbours, etc.) for attention and affection.
- Child may display exaggerated fears.

Emotional neglect or deprivation can occur in a variety of ways, not least when parents ignore their children whether because of the use of drugs or alcohol, personal stress, or other preoccupying circumstances such as outside community affairs.

Emotional neglect or deprivation remain hidden phenomena because superficially the home circumstances of the child may appear comfortable and secure.

PHYSICAL INDICATORS	BEHAVIOURAL INDICATORS
Speech disorders Lags in physical development Failure to Thrive Low self-esteem or negative self-concept exhibited through art work or pieces of creative writing	Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (anti-social, destructive, etc.) Neurotic traits (sleep disorders, inhibition of play) Psychoneurotic reactions (hysteria obsession, compulsion, phobias, hypochondria) Behaviour extremes: • compliant, passive • aggressive, demanding. Overly adaptive behaviour: • inappropriately adult • inappropriately infant. Developmental lags (mental emotional) Attempted suicide

Child abuse and neglect are community concerns. At first glance it may appear that many of the diagnostic indicators listed above are beyond the immediate scope of a classroom teacher or care-giver. However, only by collecting all the pieces of the "jigsaw" can meaningful assistance be offered to the child "at risk".

Educating children about abuse is safety — personal body safety.

Keeping children ignorant means keeping children vulnerable.

Children have rights; in particular the right to be protected by adults and to ask for help from parents or others when needed.

The "3R's" of Personal Safety as they are taught in schools in Seattle, U.S.A.

RECOGNISE Children can learn to distinguish between appropriate and inappropriate touch. They can become familiar with touching that runs from "good" through to "confusing" to "bad". They can learn to trust their own feelings first and to engage in conscious decision-making when they are confused.

RESIST Children can learn the difference between passive, assertive and aggressive behaviour. They can be taught assertive skills including both verbal and non-verbal communication. They can learn that in certain situations it is all right to say "no" to an adult, that saying "no" can be an important safety skill.

REPORT Children can learn about whom to tell, how to tell and when to tell about a problem. They can learn that they are not alone. They can be shown that their courage in "telling" is supported by a whole community.

Child abuse and neglect is clearly related to learning. Research has indicated that abused and neglected children often demonstrate significant learning problems and below grade-level performances in key academic areas.

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